

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 10/10/2018 10:07	Job description	Date & Time Completed	Done by
Ref No: NA/LIP18018423/K4	SAS e-filing		
Veh No: SKN 71R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/10/2018 08:45	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: STN 7090 B	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: () Date: () Time: ()		
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: () Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000 () / \$2,000 ()		

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1806477

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) (1st Bill)	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-			
Lat 1:			
Lat 2 / 3:			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	10/10/2018 10:07
Date Of Accident	09/10/2018 03:15
Exact Location Of Accident	SERANGOON ROAD AFTER SHELL STATION, NEAR BUS STOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN71R
Insured/Policyholder	
Name Of Registered Owner	HO LAN FONG
NRIC No	S2609235C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82990071
Alternative Phone No	OTHERS-82990071

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200 COUPE AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V08096/VPE/R00
Cover Note Number	

Driver

Name of Driver	WEE ZAN WEI, NICKLAUS
NRIC No	S9244403A
Date Of Birth	24/11/1992
Occupation	INDOOR
Date Of Driving Pass	06/12/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82990071
Fax Number	
Contact Number	OTHERS-82990071
EMail Address	NOEMAIL

Address	71 WESTWOOD AVENUE
Postcode	648393
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT :

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN7090B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG WEN XIAN
NRIC/Passport Number	S9134534Z
Contact Number	91063912
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WEE ZAN WEI, NICKLAUS
Approximate Age	

Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKN71R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

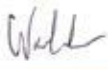
IMPORTANT NOTICE

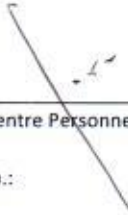
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

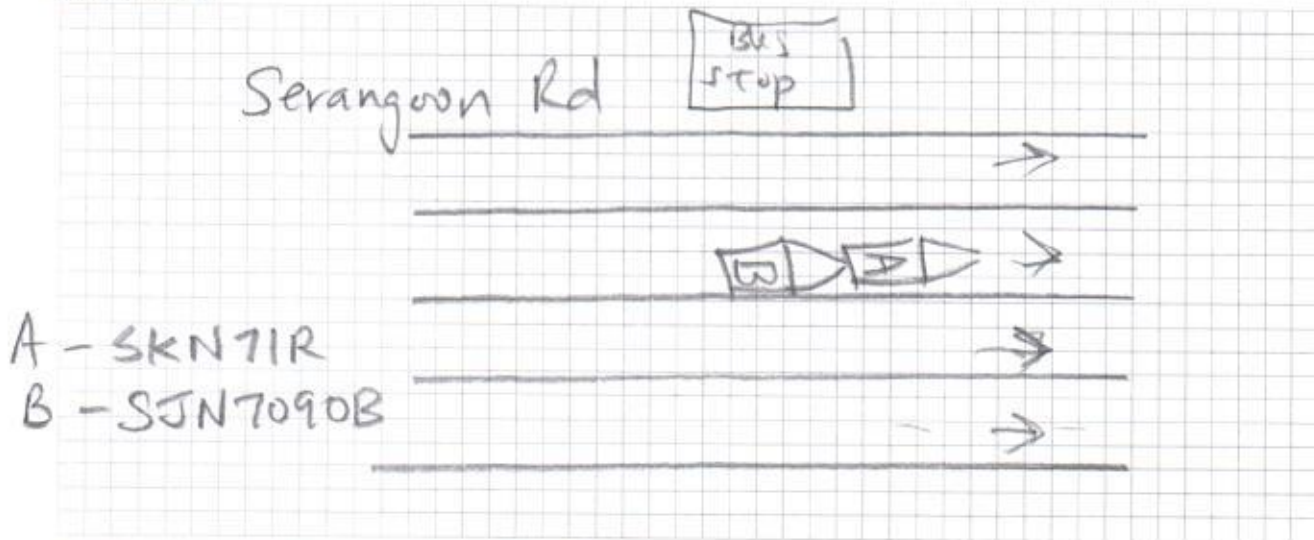
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 10/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20181009/2159

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20181009/2159

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20181009/2159

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2018 18:01		Vide Report No.:		Station Diary No.: 37	
Informant's Particulars					
Name of Informant: WEE ZAN WEI, NICKLAUS			Address: 71 WESTWOOD AVENUE SINGAPORE 648393		
ID Type / ID No.: NRIC NO / S9244403A			Contact No.: Home/Office: Mobile: 82990071		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 24/11/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/10/2018 03:15	Type of Location: Straight Road
Location: Along Road 1 SERANGOON ROAD				
After Shell Station, near bus stop				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN7090B	Car	VOLKSWAGO N		Grey	Slightly Damaged	0
SKN71R	Car	MERCEDES BENZ	C200 Coupe	Grey	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181009/2159

2 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20181009/2159

CONTINUATION OF REPORT

Name	ANG WEN XIAN		ID No.	S9134534Z
Related Vehicle	SJN7090B (Car)		Contact No.	91063912
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	WEE ZAN WEI, NICKLAUS		ID No.	S9244403A
Related Vehicle	SKN71R (Car)		Contact No.	82990071
Hospital/Clinic	ACCORD MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3. Date of Expiry: NIL
Date Treatment	09/10/2018	Date Discharge	09/10/2018	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On 09/10/2018 at about 0315hrs, I was travelling on the third lane along Serangoon Road when suddenly the taxi in front of me jammed his brakes and to avoid collision, I also applied my emergency brakes. The taxi then changed lane to the 4th lane to drop off his passenger. I then suddenly felt an impact behind my vehicle and realized that there was another vehicle had hit me. I then went out from my vehicle and both drivers exchanged particulars. Afterwhich, both drivers left scene.

Earlier this morn after I woke up, I felt pain on my back and my neck as such, I went to the clinic for medical assessment and was given 3 days MC.

My vehicle's rear bumper was damaged and the other driver's front bumper was seriously damaged.



**SINGAPORE
POLICE FORCE**



T/20181009/2159

3 of 3

Report No. T/20181009/2159

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
Sr Staff Sgt AHMAD ZAHID BIN JASNI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/10/2018 18:01

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476190

Classification Of Case:

Authentication Stamp
NP168

Accord Medical Clinic
BLK 325 UBI AVENUE 1
Tel: 68441528 Fax: 68443782

Medical Certificate

Date : 09 Oct 2018

MC No. : 0000052604

This is to certify that :

Name : WEE ZAN WEI NICKLAUS

NRIC : S9244403A

is Unfit for Duty for 3 days

from 09/10/2018 to 11/10/2018 inclusive.

DR JOSEPH WANG
M.B.B.S(S'PORE) GDFM(S'PORE)
ACCORD MEDICAL CLINIC
MCR NO: 11754D

ACCORD MEDICAL CLINIC

Blk 325 Ubi Avenue 1 #01-701
Singapore 400325

Tel: 6844 1528 Fax: 6844 3782

Email: enquiry@accordmedical.com.sg

JOSEPH WANG

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

*

Reported on 9/10/2018
@ 1710HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (9/10/2018) (DD/MM/YYYY), TIME: (03:15 AM) (HH:MM)

LOCATION: Serangoon Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKN71R
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 82990071
c) ADDRESS: _____

- *d) DATE OF BIRTH: () (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Drizzling
b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO) Slightly
7. a) REPORTED TO POLICE (YES / NO) ?
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJN7090B MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = b2 SPRAY Painting 0643@Gmail.com

fax = u2 spray Painting 0643@gmail.com

VIDEO =

Waiting for Police Report?

son-Driver
owner
rphar

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9244403A



Name

WEE ZAN WEI, NICKLAUS

黄 赞 维

Race

CHINESE

Date of birth
24-11-1992

Sex

M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9244403A

Name

WEE ZAN WEI, NICKLAUS

Birth Date 24 Nov 1992

Issue Date 06 Dec 2013



002253193C

5561390



NIRNO No S9244403A



Date of issue

15-02-2016

Address

71 WESTWOOD AVENUE
SINGAPORE 648393

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

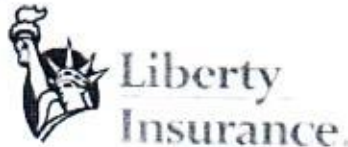
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 06 Dec 2013

NP 428A



Licence No: S9244403A


S 2609235C



Liberty Insurance Pte Ltd
 Registration no. 199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 6221 8611 Fax: (65) 6225 6890
 Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD18V08096 /NPE /R00
Form	MX1
Date of Issue	02-AUG-2018
1.Index Mark and Registration No. of Vehicle:	SKN71R
2.Chassis number of Vehicle:	WDD2053422F296135
3.Name of Policyholder:	HO LAN FONG
4.Effective date of Commencement of Insurance for the purposes of the Act:	18-JUL-2018 00:00 AM
5.Date of Expiry of Insurance:	12-JUL-2019 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
A) The Policyholder.	
B) Any other person who is driving on the Policyholder's order or with his permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8.The Policy does not cover:	
A) Use for hire or reward. B) Use for racing, pace-making, reliability trials or speed-testing. C) Use for the carriage of goods (other than samples) in connection with any trade or business. D) Use for any purpose in connection with the Motor Trade.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Windscreen Excess S\$100, Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000, Section I - Named Drivers S\$1500, Section I - Unnamed Drivers S\$2000
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	LCH LOCKTON PTE LTD

PLAS/PLAS/02-AUG-18

S3_CI_T1_T3_TEMPLATE2-VER1 02-AUG-18